



BLACK MAMAS MATTER: IN POLICY AND PRACTICE

*A POLICY AGENDA FOR
THE BLACK MATERNAL HEALTH,
RIGHTS, AND JUSTICE MOVEMENT*

APRIL 2023

CONTRIBUTORS

- Clarke Wheeler, Angela Doyinsola Aina, Renee Smith Nickelson, and Elizabeth Dawes Gay.
- Attendees of the BMMA 2019 Alliance Convening, who collectively generated BMMA's policy priority topic areas.

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EXECUTIVE SUMMARY

Black Mamas Matter: In Policy and Practice is Black Mamas Matter Alliance's comprehensive, issues and values-based policy agenda. As an Alliance of Black women-led organizations and multidisciplinary professionals, BMMA sees the development of a policy agenda as a unique opportunity to build consensus and articulate priorities that come from those doing work within our communities.

This policy agenda is organized into six overarching policy issues, including:

1. **Structural and Social Determinants of Black Maternal Health**
2. **Full Spectrum Maternal, Sexual, and Reproductive Healthcare**
3. **Black Maternal, Reproductive, and Perinatal Workforce Development**
4. **Criminalization of Black Women, Birthing People, and Families**
5. **Research and Data Transformation, and**
6. **Black Women and Birthing People's Leadership**

These policy issues are both central to the work our partners do across the country and representative of the matters on which BMMA is frequently asked to engage and endorse legislation.

While these policy issues are siloed for the purposes of this document, they are not siloed in Black women and birthing people's lives. BMMA recognizes that racism, sexism, and intersecting oppressive forces pervade and connect each of these policy issues. In summary, BMMA recommends that policymakers advance and implement the following policies and practices:



STRUCTURAL AND SOCIAL DETERMINANTS OF BLACK MATERNAL HEALTH

- **Identify, eradicate, and provide restitution for systemic and structural harms against Black women and birthing people** in the following social determinants of health: housing; safety-net and wraparound services; environmental justice; pregnancy accommodations and labor rights; human milk feeding, infant formula, and food sovereignty; health education and empowerment; community and social wellness; and human rights.
- **Provide sustainable grants and investments to Black-led and centered, community-based organizations** that work to address the social determinants of health and advance health equity for Black women and birthing people.
- **Center Black women and birthing people** in the development and implementation of equitable and culturally relevant systems and structures, both domestically and globally.

FULL SPECTRUM MATERNAL, SEXUAL, AND REPRODUCTIVE HEALTHCARE

- **Operationalize BMMA's Holistic Care Principles** through: ensuring comprehensive public and private insurance coverage for maternal, sexual, and reproductive health care; improving access to care across geographies and birth settings; issuing guidance to health care providers, institutions, insurance companies, and related entities on providing equitable, high-quality, patient-centered care; and funding research and programs that center and utilize scholarship of Black women and birthing people.

BLACK MATERNAL, REPRODUCTIVE, AND PERINATAL WORKFORCE DEVELOPMENT

- **Advance policies** that expand licensure and scope of practice, increase reimbursement rates, and improve recruitment, education, and retention of Black midwives, doulas, lactation support providers, and other maternity, perinatal, and reproductive health professionals.

EXECUTIVE SUMMARY

- **Increase access to funding and support** for Black-led and centered, community-based organizations, birth centers, and maternal mental and behavioral health care programs.
- **Advance policies that support** Black-led reskilling and continuing education programs, workforce safety and support, and community and leadership development.
- **Center and defer** to Black-led and centered, community-based organizations and maternal, reproductive health, and perinatal workers in workforce policy development, implementation, and evaluation.

CRIMINALIZATION OF BLACK WOMEN, BIRTHING PEOPLE, AND FAMILIES

- **Dismantle the architecture of criminalization** in the United States through decarceration, decriminalization, and defunding surveillance and punishment institutions and systems.
- **Protect Black women, birthing people, and families involved in the criminal legal system**, including juvenile and adult prisons and jails, the family regulation system, and immigration and detention systems.
- **Create pathways for Black women and birthing people's freedom and liberation** by investing in Black-led and centered, community-based transformative justice programs; Black-led, anti-violence/violence-interruption programs; and health equity strategies that address the social determinants of health in Black communities.

RESEARCH AND DATA TRANSFORMATION

- **Apply Black Mamas Matter Alliance's Research Principles** to all research activities with, for, and by Black Mamas, including those related to: maternal mortality review committees; maternal and perinatal quality collaboratives; clinical trials and experimentation; community-based research initiatives; antiquated clinical categories that are rooted in anti-fatness and size discrimination and data disaggregation.

BLACK WOMEN AND BIRTHING PEOPLE'S LEADERSHIP

- **Sustainably invest** in Black-led and centered, community-based organizations whose work is rooted in reproductive justice, birth justice, and the human rights frameworks. Remove barriers to these organizations receiving funding and support.
- **Prioritize Black women and birthing people for leadership, decision making, and advising roles.** Honor Black women and birthing people's cultural practices, histories, and traditions.

BIRTH JUSTICE POLICY

FRAMING

WHO WE ARE: BLACK MAMAS MATTER ALLIANCE

Black Mamas Matter Alliance (BMMA) is a national network of Black women-led organizations and multidisciplinary professionals who work to ensure that all Black Mamas have the rights, respect, and resources to thrive before, during, and after pregnancy. BMMA honors

the work and historical contributions of Black women’s leadership within their communities and values the need to amplify this work on a national scale. For this reason, BMMA does not have chapters. The Alliance is composed of existing organizations and individuals whose work is deeply rooted in the reproductive justice, birth justice, and human rights frameworks.

The term **“Black Mamas”** represents the full diversity of our lived experiences that includes birthing persons (*cis black women, trans folks, and gender expansive individuals*) that are people of African descent (*e.g., Afro-Latinx, African-American, Afro-Caribbean, Black, and African Immigrant*). We recognize, celebrate, and support those who

care for and mother our families and communities whether they have given birth or not. We stand in solidarity with all Black Mamas.

Throughout this document, the reference to **Black-led and centered organizations** is used as an umbrella term to describe entities that are intentionally led by self-identified Black people (*inclusive of all genders, cultures, and geographies*) of African heritage and descent, and are in existence to support, advocate for, and provide resources in their communities as a critical part of Black liberation across the Diaspora.

We stand in solidarity with all Black Mamas.

BMMA uses the birth and reproductive justice frameworks to advance a human rights-based approach to respectful and holistic care grounded in the scholarship of Black feminist and womanist perspectives. Reproductive justice is a theory and a movement built by Black women in the U.S. who defend and promote the human rights of all people to: 1) maintain

personal bodily autonomy, 2) have children, 3) not have children, and 4) parent the children we have in safe and sustainable communities.¹ Birth justice is realized when birthing people are empowered during pregnancy, labor, childbirth,



and postpartum to make healthy decisions for themselves and their infants.² It is part of the broader reproductive justice movement, and aims to dismantle inequities based on race, class, gender, and sexuality.³

BMMA also works within a global Black feminist context, and honors the scholarship, traditions, practices, and struggles of Black Mamas across the African Diaspora. BMMA values collaboration across geographies. We hold the United States

government accountable by testifying to the mistreatment of Black women and birthing people before international human rights bodies. BMMA acknowledges the historic and ongoing impact of global forces, such as colonialism, imperialism, militarized violence, and forced migration, on Black maternal health, rights, and justice in the United States and across the world. Through these frameworks and perspectives, BMMA acts on the belief that ALL Black Mamas Matter.

BMMA'S HOLISTIC CARE, POLICY, AND RESEARCH PRINCIPLES

Black women and birthing people are disproportionately impacted by the maternal health crisis in the United States, which has the highest maternal mortality rate among high-income countries.⁴ In 2020, the maternal mortality rate for non-Hispanic Black women was 55.3 deaths per 100,000 live births, and 2.9 times the rate for non-Hispanic white women.⁵ Black birthing people are more likely to deliver prematurely, have low birth weight babies,⁶ and die from heart disease, cardiac events, preeclampsia, and hemorrhage across socioeconomic and education statuses.^{7,8}

Black women and birthing people are also more likely to experience maternal morbidities, i.e. any physical or mental condition, illness, or disability associated directly with pregnancy and/or childbirth, during pregnancy.⁹ These disparities persist across levels of income, education, geographic location, and other factors, demonstrating the universal impact that structural racism has on Black maternal health.^{3,7}

This is unacceptable – we also understand that any attempt to address and end the maternal health crisis will require a cross-sectoral and multi-

pronged strategy. Grounded in this understanding, BMMA has worked to simultaneously change policy, cultivate research, advance care, and shift culture with the goal of ending the maternal health crisis in the United States and ultimately across the African Diaspora. Over the last several years, BMMA has formulated core principles for providing maternity care, advancing policy change, and engaging in research with, for, and by Black women and birthing people.

In April 2018, BMMA published “Setting the Standard for Holistic Care of and for Black Women,” also known as the “Black Paper.”¹⁰ This paper acknowledges the racialized and gender-based violence that has shaped living conditions for Black women and birthing people in the United States and offers recommendations to help mitigate and ultimately transform oppressive birth experiences.

The Black Paper defines holistic care as care that:

- addresses gaps and ensures continuity;
- is affordable and accessible;
- is confidential, safe and trauma-informed;
- ensures informed consent;
- centers Black mamas, families and parents and is patient-led;
- is culturally-informed and includes traditional practices;
- is provided by culturally competent and congruent providers;
- respects spirituality and spiritual health;
- honors and fosters resilience;
- includes the voices of Black mamas;
- is responsive to the needs of all genders and family relationships; and
- provides wraparound services and connections to social services.

The Black Paper also issues the following recommendations:

- Listen to Black women and birthing people.
- Recognize the historical experiences and expertise of Black women and families.
- Provide care through a reproductive justice framework.
- Disentangle care practices from the racist beliefs in modern medicine.
- Replace white supremacy and patriarchy with a new care model.
- Empower all patients with health literacy and autonomy.
- Empower and invest in paraprofessionals.
- Recognize that access does not equal quality care.

FRAMING

In December 2018, BMMA published “Advancing Holistic Maternal Care for Black Women Through Policy.”³ As the title suggests, this paper builds on BMMA’s holistic care principles by highlighting the role of public policy in facilitating access to holistic maternal care. BMMA’s policy principles include the following:

- **Identify and ensure mechanisms for engagement and prioritization of Black women and Black women-led entities in policy and program development and implementation.**
- **Establish equitable systems of care to address racism, obstetric violence, neglect, and abuse.**
- **Expand and protect meaningful access to quality, affordable, and comprehensive health care coverage, which includes the full spectrum of reproductive and maternal health care services for Black women and birthing people.**

Using these priorities, BMMA has established itself as the leading entity in the national and global Black Maternal Health policy arena. BMMA has organized webinars, published reports and issue briefs, and disseminated resources on a wide range of Black Maternal Health policy issues. BMMA

[provided statements](#) to the United Nations Office of the High Commissioner for Human Rights, International Decade for People of African Descent 2017 Regional Meeting in Geneva, Switzerland. BMMA has hosted two Capitol Hill briefings on Black Maternal Health and reproductive justice for policy makers, providers, advocates, elected officials, and federal health administration leadership; once [in 2017](#) and a second time [in 2019](#). BMMA and BMMA’s public policy perspectives played an instrumental role in founding the Congressional Black Maternal Health Caucus framework; co-chaired by Representatives Lauren Underwood (IL-14) and Alma Adams (NC-12). This large, bipartisan caucus has spearheaded the Black Maternal Health Omnibus Act, a legislative package of twelve bills that seeks to address every dimension of the maternal health crisis in the United States.¹¹ The package was written by and for Black women, birthing people, and birth workers and takes a proactive approach to addressing many of the systemic public health challenges, workforce development issues, and everyday experiences of Black birthing people before, during, and after pregnancy. States and localities across the country, including California,¹² North Carolina,¹³ Delaware,¹⁴ and others, have developed their own Omnibus packages using this model.

Black Maternal Health Caucus

The Black Maternal Health Caucus is organized around the goals of elevating Black Maternal Health issues within Congress and advancing policy solutions to improve maternal health outcomes and end disparities. Led by Congresswomen Alma Adams (NC-12) and Lauren Underwood (IL-14), the Caucus was founded on April 9, 2019 and has grown to be one of the largest bipartisan caucuses in Congress. BMMA played an instrumental and influential role in the contextual aspects of the Black Maternal Health Caucus and continues to partner with its members to advance federal policies.



In December 2019, the BMMA Research Working Group published the report, “Black Maternal Health Research Reimagined: Principles for Conducting Research in Maternity Care for Black Mamas.”¹⁵ This report defines a set of principles that serve as an ethical standard for research

and practice which researchers should utilize when engaging Black Mama populations in the development of programs, interventions, and research designs. Each of the six principles is intentionally and deeply intertwined with BMMA’s standards of holistic care, as seen below:

BMMA’S STANDARDS OF HOLISTIC CARE

Recognize and Respect the Rights of Black Mamas

Honors and fosters resilience

Includes the voices of all Black Mamas

Understand the Historical, Sociocultural, Political, and Economic Contexts in Which Black Mamas Live Their Lives

Is culturally-informed and includes traditional practices

Respects spirituality and spiritual health

Invest in Black Women as Researchers

Is provided by culturally competent and culturally congruent providers

Ensures informed consent

Fund and Conduct Ethical Research that Benefits Black Mamas

Is affordable and accessible

Is responsive to the needs of all genders and family relationships

Honor and Commit to Community Engagement Through the Entire Research Process

Is confidential, safe, and trauma-informed

Is Black Mama-, family-, and parent-centered, and patient-led

Include Health Equity and Social Justice as Key Themes in Research with Black Mamas

Addresses gaps in care and ensures continuity of care

Provides wraparound services and connections to social services



In defining these principles, the Research Working Group held the following three assumptions:

1. **There are no solutions or interventions for improved Black maternal health that Black women themselves do not already possess;**
2. **The “shame and blame” narratives that dominate much of the discourse about data on Black Mamas is not insightful or helpful and perpetuates a dangerous myth that white people serve as a default standard for the rest of the population; and**
3. **Current conduct of research—specifically the dissociation of social and clinical determinants of health—is both problematic and unethical.**

Taken together, our Holistic Care, Policy, and Research Principles have guided BMMA's work as it has grown as an organization and foundational leader in the Black Maternal Health, Rights, and Justice Movement. BMMA recognizes that there is a need for a more specific articulation and guiding structure for its policy priorities and recommendations. As an Alliance of Black women-led, community-based organizations and multidisciplinary professionals, BMMA sees developing a policy agenda as a unique opportunity to build consensus and articulate priorities that come from those doing work on the ground. For these reasons, BMMA decided to develop a comprehensive, issues- and values-based policy agenda to both guide our policy work and demonstrate the breadth and depth of the Black Maternal Health, Rights, and Justice Movement.

As an Alliance of Black women-led, community-based organizations and multidisciplinary professionals, BMMA sees developing a policy agenda as a unique opportunity to build consensus and articulate priorities that come from those doing work on the ground.

HOW TO READ THIS POLICY AGENDA

“Black Mamas Matter: In Policy and Practice” is meant to serve as BMMA’s policy vision for the Black Maternal Health, Rights, and Justice Movement; it is **not** an outline of the work that BMMA, alone, plans to spearhead. One of our core organizational values is fostering collaboration to implement a vision of maternal health that respects, protects, and fulfills Black women and birthing people’s human rights. BMMA sees the policy recommendations outlined in this document as strategies that can only be advanced and implemented through Black feminist leadership at the center and through collaboration across sectors, disciplines, and geographies.

This policy agenda is organized into six overarching policy issues:

- 1. Structural and Social Determinants of Black Maternal Health**
- 2. Full Spectrum Maternal, Sexual, and Reproductive Healthcare**
- 3. Black Maternal, Reproductive, and Perinatal Workforce Development**
- 4. Criminalization of Black Women, Birthing People, and Families**
- 5. Research and Data Transformation**
- 6. Black Women and Birthing People’s Leadership**

These policy issues are both central to the work our partners do across the country and

representative of the issues on which BMMA is frequently asked to engage and endorse legislation. While these policy issues are siloed

for the purposes of this document, they are not siloed in Black women and birthing people’s lives. BMMA recognizes that racism, sexism, and intersecting oppressive forces pervade and connect each of these policy issues.

The recommendations throughout this policy agenda can be addressed at the federal, state, and/

or local levels. Although some specific pieces of legislation are mentioned throughout this document, the policy recommendations are standalone guidance, given that legislation often changes and transforms, both in name and content. Where applicable, the piece of legislation is noted in which the policy recommendations are currently articulated.

Finally, this policy agenda embodies another one of BMMA’s core organizational values – respecting community knowledge and leadership.¹⁶ BMMA supports community mobilization, community-building, and community-driven solutions because, too often, Black women and birthing people are not recognized for the work they are doing to improve the health and well-being of their communities. BMMA’s policy agenda neither supersedes nor rejects the policy recommendations and strategies that Black women and birthing people are leading in their communities. In fact, it

BMMA recognizes that racism, sexism, and intersecting oppressive forces pervade and connect each of these policy issues.



calls for significant investments in Black-led and centered, community-based organizations who are crafting innovative, locally-tailored policy strategies every day.

The term “community-based” has been increasingly co-opted in recent years, with Black-led and centered, community-based organizations and professionals losing out on the funding, support, and recognition they need to already well-resourced, and often white-led, community *agencies*. To be clear, “community-based organizations,” are organizations whose leadership and staff are trusted members of the communities they serve, share the same background, culture,

and/or language as their clients, and provide culturally competent care and/or services.¹⁷ The organizations and individuals within the Black Mamas Matter Alliance are prime examples of Black-led and centered, community-based organizations and Black, community-based maternal and perinatal health workers.¹⁸ BMMA believes that focusing and investing in Black-led and centered, community-based organizations whose work is deeply rooted in the reproductive justice, birth justice, and human rights frameworks is key to ending maternal mortality and morbidity and advancing Black Maternal Health, Rights, and Justice, both in the United States and around the world.

BMMA believes that focusing and investing in Black-led and centered, community-based organizations whose work is deeply rooted in the reproductive justice, birth justice, and human rights frameworks is key to ending maternal mortality and morbidity and advancing Black Maternal Health, Rights, and Justice, both in the United States and around the world.

POLICY AGENDA

STRUCTURAL AND SOCIAL DETERMINANTS OF BLACK MATERNAL HEALTH

Every day, Black women and birthing people interact with a series of structures and systems that impact Black Maternal Health outcomes.

For example, studies show strong associations between factors such as housing security,^{19,20} environmental toxin exposure,²¹ or workplace mistreatment,²² and maternal health outcomes such as preterm birth, low birthweight, and a range of pregnancy complications.

These relationships are often explained through the “social determinants of health” framework. Social determinants of health (SDOH) are defined as the conditions in which people are born, grow, live, work, and age.²³ The SDOH framework asserts that these conditions play an outsized role in determining health outcomes and contributes to health inequities. Although public health and health policy traditionally focus on individual health behaviors and interventions (i.e. smoking cessation, diet and exercise, risk behavior prevention, etc.), the SDOH framework shifts the focus from individuals to the systems and structures that largely determine health outcomes. In the context of Black Maternal Health, this framework is useful in its critique of the “personal responsibility” perspectives that have historically been used to blame Black women and birthing

people for their health outcomes.³ It is also useful as a foundation for better integrating social care into clinical practice and health care systems.²⁴

At the same time, Black women and birthing people’s rates of severe maternal morbidity^a remain disproportionately high, even when adjusted for factors such as income, level of education, geographic location, and other factors.³ The SDOH framework is useful, but incomplete without an analysis of structural and institutional racism in policy and practice. The Restoring Our Own Through Transformation (ROOTT) “Web of Causation,” developed by Jessica Roach, illustrates the impact of not only social determinants of health, but also historic, anti-Black structures, on Black Maternal Health (see Figure 1).^{24,25} Specifically, structures such as the institution of slavery, Jim Crow segregation, the GI Bill, and “redlining,” have shaped the availability and distribution of social determinants of health for Black women, birthing people, and communities in the United States.

Black Feminist Health Science Studies (BFHSS), an emergent lens and praxis, builds on this analysis. BFHSS relies on the idea that “health is both a desired state of being and a social construct necessary of interrogation because of the ways that race, gender, able bodiedness, and

(a) Severe maternal morbidity (SMM) includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health. Definition retrieved from <https://pubmed.ncbi.nlm.nih.gov/27560600/>.

Controlling Images and Black Maternal Health

In her seminal *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, Patricia Hill Collins discusses “controlling images” of Black womanhood, including “mammy,” “matriarch,” “jezebel,” and “welfare queen.” In addition to normalizing racism, sexism, and classism, these images have been successfully used to justify policies and programs that oppress Black women and birthing people through systems and structures. The “matriarch” image is most prominently evoked in the 1965 US Department of Labor report, “The Negro Family: The Case for National Action,” also known as the Moynihan report. This government report blamed the matriarchal structure of Black families for poverty and other social and economic conditions in the Black community. The “welfare queen” image served as the cultural foundation for welfare reform in 1996, which ended guaranteed cash assistance for families living in poverty. These images are chiefly invested in oppressing Black women and birthing people.

other aspects of cultural production profoundly shape our notions of what is healthy.”^{26,27} Given that Black women and birthing people’s bodies and behaviors have historically been deemed unhealthy, abnormal, and pathological, it is necessary to interrogate the definition of “health” and the ways policies and programs have socially, structurally, and culturally excluded Black women and birthing people from health and well-being.

Historically, policymakers have used “controlling images” of Black womanhood to deny Black women and birthing people everything from cash assistance to clean air and water, all while blaming them for their maternal health outcomes and experiences. Despite this, Black women and birthing people know what we need and deserve in our communities to keep us healthy and safe. The following policy recommendations reflect Black women and birthing people’s needs across the social, structural, and cultural determinants of Black Maternal Health.

HOUSING JUSTICE

- **Identify, eradicate, and provide restitution** for systemic harms against Black people in housing policies and programs, using tactics such as:
- ⊙ Engaging in Black-led and centered, community investment processes for historically redlined and disinvested communities.
 - ⊙ Providing restitution to individuals and families who have been pushed out of their communities due to gentrification, exclusionary displacement, and housing and lending discrimination.
 - ⊙ Strengthening eviction protections and investing in anti-eviction strategies, including increased rental assistance and right to counsel in eviction proceedings.

- ⦿ Providing grants to Black-led and centered, community-based organizations to hold Know-Your-Rights, rental assistance, and homeownership workshops and trainings.
- ⦿ Significantly increasing access to and decreasing waiting periods for rental assistance programs, including the Housing Choice Voucher program, the Section 8 Project-Based Rental Assistance Program, Public Housing, and others.
- ⦿ Renovating existing housing and building new housing that is accessible, toxin-free, environmentally-just, and respectful of the history and culture of the neighborhood and its residents, particularly in Black communities.

- **Establish a Housing for Moms grant program** for Black-led and centered, community-based organizations to increase access to safe, stable, and affordable housing for Black women, birthing people, and their families.^b
- **Increase capacity of housing support services** (i.e. Permanent Supportive Housing, Rapid Rehousing, transitional housing, shelters, etc.) to provide respectful and equitable services to Black women and birthing people, including those who are pregnant, postpartum, breast/ chestfeeding, and/or caring for children.
- **Invest in innovative programs and partnerships that facilitate Black women and birthing people’s access to housing and financial resources**, including through housing cooperatives, community land trusts, managed care organizations, Section 1115 waivers, guaranteed income programs, and other methods. Include multigenerational families,

families with multiple dependents, and other non-traditional family structures in these innovations.

SAFETY NET AND WRAPAROUND SERVICES

- **Provide sustainable grants** to Black-led and centered, community-based organizations that deliver wraparound services, navigation, direct financial assistance, child care, and resources like healthy food, clean water, infant formula, and diapers to pregnant and postpartum people.^c
- **Strengthen the social safety net** by expanding eligibility criteria and increasing benefit levels, navigation and enrollment support, and overall programmatic quality and access. Eliminate administrative burdens to accessing these programs, including excessive paperwork, in-person interview requirements, and lack of coordination between programs.
- **Prohibit the attachment of work requirements and/or restrictions** on access due to criminal legal systems involvement to any safety net program.
- **Dismantle the Temporary Assistance for Needy Families (TANF) program** and replace it with a robust cash assistance program, free from work requirements, full-family sanctions, and arbitrary time limits.
- **Extend postpartum eligibility** for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to 24 months.^d
- **Permanently expand the Child Tax Credit** to establish a universal child allowance.

(b) Social Determinants for Moms Act

(c) Social Determinants for Moms Act

(d) Social Determinants for Moms Act

ENVIRONMENTAL JUSTICE

→ **Invest in community-based programs to identify climate change-related risks** for pregnant and postpartum people and their infants, provide supports to those patients, and mitigate levels of and exposure to those risks, particularly in communities of color. This funding would support initiatives such as:

- Providing training to health care providers to be able to identify climate change-related risks for patients.
- Supporting doulas, community health workers, and other perinatal health workers who can identify climate change-related risks and support patients.
- Providing patients with air conditioning units, appliances, filtration systems, weatherization support, and direct financial assistance.
- Providing support, including housing and transportation assistance, for patients who face the risk of extreme weather events like hurricanes, wildfires, and droughts.
- Promoting community forestry initiatives and tree canopy covers.
- Improving infrastructure and blacktop surfaces.
- Improving monitoring systems and data sharing for climate change-related risks.^e

→ **Center Black women, birthing people, families, and communities in shaping and developing an environmentally-just future**, including robust, Black-led training opportunities for green jobs, investments in Black farmers and Black-owned cooperatives, restructuring food and water systems, and providing significant support to

Black families that need to relocate due to natural disasters and climate emergencies.

- **Invest in environmentally-just infrastructure**, including renewable energy sources, climate emergency response systems, resilient architecture and urban planning, and accessible, green spaces, particularly in Black and redlined communities.
- **Develop safe, accessible, reliable, and environmentally-just public transit systems**, including adequate seating, functioning elevators and escalators, consistent operations, and clean, family-friendly, ADA-accessible restrooms. Provide low or no-cost transit (including shuttle service) access for birthing people, through vouchers, reimbursements for healthcare visits, and other methods.
- **Continue the national effort to replace all lead pipes and paint**. Center and defer to Black women, birthing people, and families in planning, implementing, and evaluating reparations programs for lead poisoning.
- **Shut down oil refineries and pipelines, hazardous waste sites, and other toxic infrastructure**, and pay reparations to the Black families and communities that have been disproportionately exposed to toxic environmental pollution.
- **Eliminate toxins from cosmetics and personal care products**, including those excessively used by Black women and birthing people.
- **Cease government-sponsored, environmentally destructive operations and systems in other countries** and pay reparations to communities, particularly Black communities, that have been exposed to toxic environmental pollution and climate change disasters.

(e) Protecting Moms and Babies Against Climate Change Act



PREGNANCY ACCOMMODATIONS AND LABOR RIGHTS

- **Establish a strong, inclusive, paid family and medical leave law** that provides at least 12 weeks of leave for all covered purposes.
- **Establish a nationwide legal right for millions of workers to earn paid sick time** to use when they or their family members are ill or need medical care.^f
- **Expand access to affordable childcare, ensure living wages for childcare providers, and support informal childcare providers** through care stipends, removing barriers to licensure, and other methods.
- **Award grants to Black-led and centered, community-based organizations** to provide pregnant and postpartum individuals with free and accessible drop-in childcare services during prenatal and postpartum appointments,^g including mental health services.
- **Support pregnant, postpartum, and parenting students** across ages and degree types, including by providing free or affordable childcare at educational institutions.
- **Enact policies that support union organizing** and center Black women, birthing people, our families, and communities in the resurgent labor movement.
- **Raise the minimum wage to at least \$15 an hour** and eliminate the subminimum wage for tipped workers, young workers, and disabled workers.^h
- **Strengthen pregnancy accommodations and workplace protections** for domestic workers, entrepreneurs, and other workers who have unique labor environments.

(f) Healthy Families Act

(g) Social Determinants for Moms Act

(h) Raise the Wage Act

HUMAN MILK FEEDING, INFANT FORMULA, AND FOOD SOVEREIGNTY

- **Invest in Black-led and centered, community-based organizations that coordinate infant feeding mutual aid efforts**, including community milk depots and pasteurized donor human milk banks and exchanges, as well as forums for community outreach, education, and connection. Provide supplementary emergency funds to these organizations during infant formula shortages and emergencies.
- **Incentivize, measure, and report on the frequency and quality of human milk feeding initiation and support in hospital obstetric units**. Provide guidance and update standards on respectful lactation support for people living with HIV that includes human milk feeding initiation and support, free from shame or threat of criminalization.
- **Increase access** to manual, battery-powered, electric, single, and double breast/chest pumps and increase the rental period to one year postpartum.ⁱ
- **Establish and enforce high quality standards** for infant formula and stronger oversight of infant formula ingredients and production.
- **Enforce compliance** with the [WHO/UNICEF International Code of Marketing of Breastmilk Substitutes](#).
- **Mandate insurance coverage** for donor human milk.
- **Invest in Black-led and centered, community-based organizations that provide culturally relevant food supports and nutrition education** to Black women, birthing people,

and their families. Center and defer to these organizations when engaging in food systems planning within Black and redlined communities.

- **Increase capacity** of nutrition assistance programs, school lunch programs, and health systems to provide culturally relevant foods and respect Black foodways and traditions.

HEALTH EDUCATION AND EMPOWERMENT

- **Mandate comprehensive, age-appropriate K-12 sex education**.
- **Support school-based health centers** and higher education institutions in providing sexual and reproductive health care, health promotion programs, and free menstrual products.
- **Invest in reproductive justice informed peer-to-peer, promotores de salud, and community health worker programs**.
- **Leverage trusted reproductive and birth justice informed community institutions and organizations** to provide comprehensive sex education workshops and peer-to-peer trainings, childbirth education, prenatal health and education, doula and midwifery education and advocacy, Know-Your-Rights, community medic, and de-escalation trainings.

(i) Retrieved from The Blueprint for Sexual and Reproductive Health, Rights, and Justice



COMMUNITY AND SOCIAL WELLNESS

- **Invest in Black-led and centered, community-based organizations that provide:**
 - ⦿ Pregnancy, postpartum, loss, mental health and childbirth support groups and classes.
 - ⦿ Anti-violence and violence-interruption programs, including for sexual, gender-based, and intimate-partner violence.
 - ⦿ Harm reduction and substance use disorder treatment programs.
- **Leverage trusted reproductive and birth justice informed community institutions and organizations** to provide diapers, pregnancy tests, and respectful, non-judgmental, all-options counseling to pregnant people, in order to replace crisis pregnancy centers in communities.
- **Engage faith-based organizations, spiritual leaders and collectives, and traditional healers** in cultivating the relationship between faith/spirituality and the reproductive justice, birth justice, and human rights frameworks, particularly for Black women and birthing people.

HUMAN RIGHTS

- **Pay reparations** to Black people, domestically and globally, for slavery, racial terror, colonialism, and apartheid, segregation, and redlining systems.
- **Invest in decolonization processes across the world**, led by Black feminist anti-colonial scholars, activists, and community organizers.
- **Ratify the Convention on the Elimination of Discrimination Against Women (CEDAW) and fully adopt the principles the United States has already ratified in the Convention on the Elimination of Racial Discrimination.**
- **Advocate for the United Nations to recognize April 11 as the International Day for Maternal Health and Rights.**

FULL SPECTRUM MATERNAL, SEXUAL, AND REPRODUCTIVE HEALTH CARE

Black women and birthing people's maternity, sexuality, and reproduction have always been central to the United States' political economy.

Under the system of chattel slavery, and particularly after the Transatlantic Slave Trade was outlawed, Black women and birthing people's reproduction was commoditized by enslavers who sought to increase their property size and value.²⁸ Enslaved women could be forced to become and remain pregnant, work under harsh conditions throughout their pregnancies, and prioritize breastfeeding the white children of enslavers over their own children.²⁸ Black women and birthing people's familial bonds were frequently disregarded by enslavers who separated families for profit.²⁸ After slavery's abolition, Black women and birthing people's maternity, sexuality, and reproduction were no longer seen as profitable and were, instead, vilified and used to perpetuate racist and sexist ideologies.²⁸ Throughout the 20th century, phenomena such as the eugenics movement, forced sterilizations, welfare reform, and long-acting reversible contraceptive (LARC) coercion and unethical testing demonstrated the ways Black women and birthing people were dehumanized and deemed hypersexual, overly fertile, and undeserving mothers.²⁸

Today, Black women and birthing people are disproportionately impacted by the maternal health crisis in the United States,⁵ restrictions on abortion and contraceptive care,²⁹ and the broader, state-sponsored assault on full spectrum maternal, sexual, and reproductive health care access unfolding in the United States. Even when

Black women and birthing people do access health care, it is met with experiences of racism, obstetric violence, neglect, and abuse from individual providers and the broader health systems.^{10,30} Fortunately, Black scholars and activists have created the frameworks, care models, principles, and tools we need to ensure that all women and birthing people can access the full spectrum of maternal, sexual, and reproductive health care. The reproductive justice, birth justice, and human rights frameworks articulate core values that can and should be applied across health care policies and programs. BMMA's holistic care principles clarify how these frameworks can be operationalized in health care and service delivery. Furthermore, Black maternal and perinatal workers model holistic maternity care in communities across the country on a daily basis.

Black women and birthing people deserve holistic care. BMMA rejects policies and programs that seek to police maternity, sexuality, and reproduction, further protect and enable medical racism, or erase the full range of people's identities and experiences in health care. The following recommendations outline actions that policymakers should take to operationalize BMMA's holistic care principles through the lenses of 1) insurance coverage and regulations, 2) access and care settings, 3) equitable, high-quality, patient-centered care, and 4) research and funding.

Intersection of Abortion and Black Maternal Health

Abortion care is an integral part of holistic maternity care for Black women and birthing people. Abortion empowers pregnant people to end unsafe and/or unwanted pregnancies and experience pregnancy and birth in a way that is autonomous and affirming, or not at all. Those who are denied abortion care are more likely to experience high blood pressure and serious medical conditions near the end of pregnancy, more likely to remain in relationships with intimate partner violence, and more likely to experience poverty. Many of the states with the most restrictive abortion bans have the worst maternal and child health outcomes and the least supportive social welfare and family support programs, particularly for Black women and birthing people. Abortion bans also cause confusion and fear among providers, who may delay or deny life-saving miscarriage care, because it is medically indistinguishable from abortion care, further perpetuating the maternal health crisis that disproportionately impacts Black women and birthing people. From violating bodily autonomy to perpetuating negative health, social, and economic outcomes, abortion bans are seriously detrimental to Black Maternal Health.

INSURANCE COVERAGE AND REGULATIONS

→ **Cover the full range of maternal, sexual, and reproductive health services** by every public and private health plan and coverage program at no or low cost. These services include:

- Preconception, prenatal, labor and delivery, interconception, and postpartum care.
- Full spectrum, including community-based, doula, midwifery, lactation support, and other perinatal care.
- All FDA-approved contraceptive methods and contraceptive counseling.
- Abortion care, including medication and procedural.

- Fertility treatment and services.
- STI prevention, testing, and treatment.
- Breast cancer screenings, HPV vaccines, Pap tests, and other diagnostic tests to screen for reproductive/gynecological cancers.
- Gender affirming care, hormonal therapy, and menopausal care.
- Condoms, vasectomies, and sterilization.
- Other sexual and reproductive health therapies and treatments.

→ **Establish mandatory, permanent postpartum Medicaid coverage for one year.^j**

→ **Adopt the Affordable Care Act's Medicaid expansion** and close the Medicaid coverage gap.

(j) MOMMIES Act

POLICY AGENDA

- **Permanently repeal** the Hyde Amendment,^k the Helms Amendment, and the Weldon Amendment.
- **Create a statutory right** for health care providers to provide abortion care, and a corresponding right for their patients to receive that care, free from medically unnecessary restrictions that single out abortion and impede access.^l
- **Require insurance plans to cover over-the-counter contraception and provide a 12-month supply of contraceptives.** Remove medical management techniques and administrative barriers that restrict access to contraception.
- **Remove barriers to accessing gender-affirming care,** including for minors, such as gender dysphoria diagnosis requirements, outdated medical coding systems, and insurance coverage loopholes.
- **Increase access to maternal mental health services** by increasing the number of mental health providers participating in Medicaid and other public and private insurance programs, increasing reimbursement rates, and covering nontraditional, alternative behavioral health therapies such as meditation or art therapy.^m
- **Require public and private insurance plans to have a robust network of birth justice informed reproductive health, allied health, and perinatal health providers.**
- **Establish a demonstration project to test payment models for maternity care,** including postpartum care, under Medicaid and the Children's Health Insurance Program (CHIP).ⁿ
- **Develop strategies for ensuring continuity of health insurance coverage for pregnant and postpartum people,** including consideration of:
 - ⦿ Presumptive eligibility for Medicaid/CHIP when a pregnant person's application for such programs is being processed.
 - ⦿ Automatic re-enrollment in Medicaid/CHIP for birthing people who remain eligible for coverage after pregnancy.
 - ⦿ Measures to prevent any disruptions in coverage during pregnancy, labor and delivery, and up to one year postpartum.^o
- **Center and defer to Black women and birthing people** when developing, implementing, and evaluating universal health care programs.

ACCESS AND CARE SETTINGS

- **Increase access to birth centers** by expanding midwifery licensure and access, establishing Medicaid reimbursement at living wages, and eliminating barriers, such as certificate of need, physician supervision, and collaborative agreement requirements.
- **Develop home birth infrastructure,** including public education, health system integration, and the expanding of midwifery licensure and access.
- **Eliminate maternity care deserts** by expanding midwifery licensure and access, scaling up telehealth systems, and implementing perinatal regionalization.
- **Expand telehealth access** through public and private insurance coverage, increased

(k) Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act

(l) Women's Health Protection Act

(m) Retrieved from Center for American Progress's *Eliminating Racial Disparities in Maternal and Infant Mortality: A Comprehensive Policy Blueprint*

(n) IMPACT to Save Moms Act

(o) IMPACT to Save Moms Act

broadband access, and public education. Require the Center for Medicare & Medicaid Innovation to consider models that improve the integration of telehealth services in maternal health care.^p

- **Expand mobile health services** that serve people living and/or working on the streets and provide sliding scale services.
- **Include birth and reproductive justice informed, Black-led and centered, community-based organizations as state-funded home visiting programs** through the Maternal, Infant, Early Childhood Home Visiting (MIECHV) program. Additionally, include these entities as both qualified and approved Medicaid certifying doula programs.^q
- **Align hospital policies and procedures with the birth justice framework** and hold providers and systems accountable for racism, obstetric violence, neglect, and abuse.
- **End domestic and global “gag” rules** that prevent providers from participating in programs like Title X or providing comprehensive care to patients.
- **Repeal all Targeted Regulation of Abortion Providers (TRAP) laws.**
- **Issue guidance for self-managed abortion** for those planning to self-manage, health care providers, social workers, and other related professionals and stakeholders.
- **Divest from crisis pregnancy centers** and invest in health care providers that provide care that aligns with the reproductive justice and birth justice frameworks.

EQUITABLE, HIGH QUALITY, PATIENT-CENTERED CARE

- **Reconcile federal, state, and local standards for maternal, sexual, and reproductive health care delivery with BMMA’s Standard for Holistic Care.** Provide guidance to health care providers, institutions, insurance companies, and related entities on implementation strategies for updated standards, including staff training, insurance reforms, accessibility improvements, and feedback and accountability processes.
- **Strengthen and enforce health care nondiscrimination protections** for all Black women and birthing people, across sexual orientation, gender identity and expression, size, ability, color, nationality, ethnicity, language, immigration status, marital status, religion, housing status, occupation, age, etc.
- **Disseminate guidance** to health care providers, institutions, insurance companies, and related entities on increasing capacity and expanding the landscape of holistic sexual, reproductive, and maternal/perinatal care (including gender affirming care and breast/chestfeeding support) for transgender, gender non-conforming, and/or intersex people, including minors.
- **Disseminate guidance to states to educate providers, managed care entities, and other insurers about the value and process of delivering respectful maternal and reproductive health care** through diverse and multidisciplinary care provider models.^r

(p) Tech to Save Moms Act

(q) Retrieved from Center for American Progress’s *Eliminating Racial Disparities in Maternal and Infant Mortality: A Comprehensive Policy Blueprint*

(r) Perinatal Workforce Act

POLICY AGENDA

- **Award grants to programs to implement respectful maternity care training** for all employees in maternity care settings.^s
- **Provide funding to establish Respectful Maternity Care Compliance Programs** within hospitals to provide mechanisms for pregnant and postpartum patients to report instances of disrespect or evidence of racial, ethnic, or other types of bias and promote accountability.^t
- **Repeal all laws allowing forced sterilization**, including under guardianship, and overturn *Buck v. Bell*, the 1927 Supreme Court case that upheld the forced sterilization of disabled people and people with “perceived” disabilities.
- **Shift policies, guidelines, and funding streams away from a teen pregnancy prevention framework and towards the core tenets of reproductive justice and birth justice.** Invest in Black-led and centered, community-based programs that support pregnant teenagers regardless of their reproductive decisions.
- **Prohibit religious exemptions, parental notification laws, mandatory ultrasounds, mandatory counseling, and similar barriers and restrictions to receiving abortion care.**
- **Establish a task force on birthing experiences and safe, respectful maternity care** during the COVID-19 public health emergency and future infectious disease outbreaks.^u
- **Develop and invest in national campaigns to raise awareness about maternal vaccinations**, and increase maternal vaccination rates, particularly for pregnant people from communities with historically low vaccination rates.^v This includes funding for:
 - ⦿ Engaging with birthing people in underserved communities to develop maternal vaccination campaigns and assess their effectiveness.
 - ⦿ Providing evidence-based, culturally congruent resources.
 - ⦿ Building partnerships with community-based organizations, community health centers, maternity care providers, perinatal health workers, and other trusted local leaders.

RESEARCH AND FUNDING

- **Applying BMMA’s Research Principles, expand research and funding to:**
 - ⦿ Prevent pregnancy complications and conditions, including preterm birth, low birth weight, stillbirth and miscarriage, cardiovascular conditions, pre-eclampsia, hemorrhage, etc.
 - ⦿ Increase screening, counseling and care for endometriosis, PCOS, fibroids, sickle-cell, and other autoimmune diseases and health conditions.
 - ⦿ Improve quality and efficacy of contraception and emergency contraception options for all body types, weights, and sexual anatomies.

(s) Kira Johnson Act

(t) Kira Johnson Act

(u) Maternal Health Pandemic Response Act

(v) Maternal Vaccination Act



- ⦿ Expand access to and efficacy of the full range of fertility and reproductive technologies for Black women and birthing people, including queer, transgender, and nonbinary people, single parents, low-income, and/or uninsured patients no matter their body type or size.
- **Scale up investments in global HIV/AIDS programs** and abandon discriminatory policies that leave critical communities behind. This includes ending abstinence-only-until marriage funding and restrictions on how organizations can engage with sex workers or advocate or speak about their health and rights.^w
- **Fully fund international family planning programs**, UNFPA, and other global health and gender equality programs.^x
- **Fully fund existing programs**, including: Medicaid; Children’s Health Insurance Program; Title X Family Planning Program; Maternal and Child Health (MCH) Bureau; Title V MCH Services Block Grant; Supplemental Nutrition Assistance Program; Centers for Disease Control and Prevention; UNFPA; the President’s Emergency Plan for AIDS Relief (PEPFAR); Maternal, Newborn and Child Health (MNCH); Global Fund to Fight AIDS, TB, and Malaria; and USAID HIV programs, among others.^y
- **Authorize robust funding for existing federal programs** that support maternal and infant health surveillance, data collection, and research during public health emergencies like COVID-19: the Surveillance for Emerging Threats to Mothers and Babies Program, ERASE MM Program, PRAMS, and National Institute of Child Health and Human Development.^z
- **Establish an NIH consortium** to advance research on climate change and maternal & infant health.^{aa}

(w) Retrieved from [The Blueprint for Sexual and Reproductive Health, Rights, and Justice](#)

(x) Retrieved from [The Blueprint for Sexual and Reproductive Health, Rights, and Justice](#)

(y) Retrieved from [The Blueprint for Sexual and Reproductive Health, Rights, and Justice](#)

(z) Maternal Health Pandemic Response Act

(aa) Protecting Moms and Babies Against Climate Change Act



BLACK MATERNAL, REPRODUCTIVE, AND PERINATAL WORKFORCE DEVELOPMENT

Black “birth work” in the United States is rooted in pre-colonial African traditions that included not only the practice of “catching babies,” but also breastfeeding, child-rearing, family counseling, spiritual healing, and abortion care.³¹

Historically, the vast majority of birth work was provided by Black birth workers, as traditional and lay midwives and birth attendants.^{32–35} This was the case until the mid-19th century, when physicians in the newly established field of

obstetrics and gynecology sought to discredit their main competitors – midwives.^{35,36} For decades, the physician-led campaign against midwives and traditional birth workers imposed strict licensure and education requirements, scope of practice restrictions, and harmful cultural narratives about Black maternal and perinatal workers.^{37–39} Ultimately, this campaign transformed the political, legal, and cultural landscape of Black maternal, reproductive, and perinatal care in the United States.

Today, the Black maternal, reproductive, and perinatal workforce, including midwives,

Non-physician, Black maternal, reproductive, and perinatal workers are often overworked, underpaid, disrespected, and even criminalized while providing life-saving care to Black women and birthing people, particularly in community settings.

physicians, nurses, doulas, lactation support providers, and other maternity, perinatal, and paraprofessionals, face numerous barriers. Some of these barriers, mostly experienced by non-physicians, include burdensome and inconsistent licensure requirements from state to state, extremely low reimbursement rates, inequitable access to education, funding, and resources, racism in maternity care settings, and a systemic devaluation of Black-led and centered, community-based organizations and their models of care.^{17,30,40,41} Consequently, non-physician, Black maternal, reproductive, and perinatal workers are often overworked, underpaid, disrespected, and even criminalized while providing life-saving care to Black women and birthing people, particularly in community settings.

Although federal, state, and local governments have attempted to address these issues, their solutions have largely failed to center the Black maternal, reproductive, and perinatal

workforce and, instead, default to supporting white-dominated, perinatal and maternal health entities. On the federal level, the Midwives for MOMS Act seeks to expand midwifery education and access for nationally recognized midwifery credentials; however, it disproportionately excludes Black midwives and Black-led midwifery education programs by excluding licensed and lay midwives, as well as the more inclusive midwifery education standards developed by the International Confederation of Midwives. The BABIES Act, another federal bill, seeks to improve access to and reimbursement for birth center care through a Medicaid demonstration program; however, it both fails to address the numerous structural barriers to accrediting and operating birth centers, particularly for Black-led birth centers, and does not mention the impact of racism on Black maternal health outcomes, Medicaid reimbursement, and/or birth center access. On the state and local levels, doula reimbursement pilots and programs have launched with significant issues and barriers,

SPOTLIGHT: Georgia Community Midwife Act

In response to the activism and organizing of Black community midwives, the Georgia legislature has introduced a bill that would meaningfully expand midwifery licensure in Georgia. **The Georgia Community Midwife Act** seeks to license community midwives, grandmother in traditional and grand midwives, and create a State Board of Community Midwifery. Unlike other bills that expand licensure to Certified Professional Midwives only or require education from Midwifery Education and Accreditation Council (MEAC) accredited institutions, this bill is inclusive of community midwives who have developed their midwifery practice through other accreditation bodies and educational pathways, apprenticeships, and/or years of experience providing midwifery care in their communities. If enacted, this legislation would empower community midwives to provide the lifesaving, holistic maternity care that birthing people in Georgia need, demand, and deserve.

Black maternal, reproductive, and perinatal workers are uniquely positioned to provide holistic, culturally congruent care in community settings to Black women and birthing people.

particularly for Black, community-based doulas and doula organizations, including extremely low and delayed reimbursements, administrative burdens, and lacking support and recognition for community-based doula models of care. Despite these missteps, bills like the Perinatal Workforce Act on the federal level and the Georgia Community Midwife Act on the state level exemplify the kinds of policies that would actually support Black maternal and perinatal workers.

Black maternal, reproductive, and perinatal workers are uniquely positioned to provide holistic, culturally congruent care in community settings to Black women and birthing people. Repeatedly introducing legislation that fails to center Black maternal, reproductive, and perinatal workers is fundamentally counterproductive to advancing Black Maternal Health, Rights, and Justice. As an Alliance of Black women-led organizations and multidisciplinary professionals, BMMA has built consensus on the following policy recommendations that would genuinely support and advance the Black maternal, reproductive, and perinatal workforce.

LICENSURE, REIMBURSEMENT, AND SCOPE OF PRACTICE

→ **Mandate equitable payment and reimbursement rates** for all midwifery, doula, lactation support provider care,^{bb} and other maternity, reproductive, perinatal, and paraprofessional care across public and private insurance plans,

including flexible visitation arrangements. Ensure consistent and efficient reimbursement by eliminating administrative burdens, payment delays, and unnecessary surveillance.

- **Protect and expand licensure for all midwifery designations**, including Certified Nurse Midwives, Certified Professional Midwives, Certified Midwives, Licensed Midwives, and Lay Midwives, including traditional midwives, granny (grand) midwives, traditional birth attendants, and independent midwives.
- **Center and defer to** Black, community-based doulas and Black-led and centered, community-based organizations before, during, and after piloting and/or establishing doula reimbursement programs. Incorporate robust evaluation and accountability processes led by Black, community-based doulas in these programs.
- **Create and fund pathways for peer-to-peer models of lactation in addition to International Board Certified Lactation Consultant (IBCLC) certification.** Direct funding to Black-led and centered, community-based organizations to grow their peer lactation counselor and certified lactation counselor workforce.
- **Expand midwifery scope of practice to the full extent of their capabilities and training**, including reproductive, abortion, and fertility care.
- **Expand scope of practice for Advanced Practice Clinicians to provide abortion care.**

(bb) Including IBCLCs, CLEs, CLCs, and breastfeeding peer counselors

RECRUITMENT, EDUCATION, AND RETENTION

- **Authorize the International Confederation of Midwives to accredit midwifery education programs and institutions in the United States.**
- **Invest in Black-led and centered**, community-based perinatal workforce educators, trainers, and programs.
- **Provide grants to education and training programs** to grow and diversify the maternity, reproductive, and perinatal care workforce,^{cc} with a focus on recruiting and retaining Black students *and* faculty. Develop tailored recruitment, education, and retention strategies that focus on Black students and faculty of all sexual orientations, gender identities and expressions, abilities, nationalities, ethnicities, languages, immigration statuses, religions, etc.
- **Prioritize and incorporate the reproductive justice and birth justice frameworks** within the curricula and qualifying examinations of maternal, reproductive, and perinatal health education programs, as well as within broader health professional education programs.
- **Disseminate guidance** on respectful maternal care delivery that covers recruiting and retaining maternity care providers from diverse backgrounds and incorporating trained midwives and other perinatal workers in maternity care teams.^{dd}
- **Increase availability** of scholarships, debt-free education, loans, and loan repayment for midwifery, doula, and lactation support provider education.

- **Increase in and out of state preceptor opportunities** for midwives and lactation support providers.

BLACK-LED AND CENTERED BIRTH CENTERS AND COMMUNITY-BASED ORGANIZATIONS

- **Increase reimbursement rates** for birth center care, including provider costs and facility fees, to be equivalent to or higher than hospital rates.
- **Eliminate** certificate-of-need, physician supervision, collaborative agreement, and admitting and clinical privilege requirements for midwives and birth centers.
- **Create a dedicated source of funding** to support the upfront costs of building, accrediting, and operating birth centers, with a specific focus on Black-led birth centers.
- **Create a robustly and sustainably funded community birth center accreditation system** that excludes the burdensome requirements of the current accreditation system.
- **Assess the impact and opportunity** for developing birth centers within the Federally Qualified Health Center model.
- **Increase public education and community engagement** about the existence of birth centers, the midwifery model of care, and how to access birth centers.
- **Eliminate barriers** to Black-led and centered, community-based organizations receiving government funds, including audited financial requirements, burdensome data, tracking, and evaluation processes, and lack of funding for administrative support.

(cc) Perinatal Workforce Act

(dd) Perinatal Workforce Act

POLICY AGENDA

- **Create a dedicated source of funding** for infrastructure support and technology advancements, with a focus on Black-led and centered, community-based organizations.
- **Create federal and state funding streams** for Black-led and centered, community-based organizations in collaboration with the organizations, themselves.
- **Require hospitals to cultivate direct communication and active relationships** with Black-led and centered, community-based organizations serving birthing people in their regions. Invest in community-led oversight processes to hold hospitals accountable to fostering community relationships.
- **Provide free legal support** to Black-led and centered, community-based organizations to protect their intellectual property.

MATERNAL MENTAL AND BEHAVIORAL HEALTH CARE

- **Invest in community-based programs that provide mental and behavioral health treatments and support** to Black women and birthing people with maternal mental health conditions or substance use disorder, including: group prenatal and postpartum care models; collaborative maternity care models; initiatives to address stigma and raise awareness about warning signs for maternal mental and behavioral health conditions; programs at freestanding birth centers; and suicide prevention programs.^{ee}
- **Provide funding for programs to grow and diversify** the maternal mental and behavioral health care workforce to expand access to

culturally congruent care and support for Black women and birthing people with maternal mental and behavioral health conditions and substance use disorders.^{ff}

- **Invest in culturally competent, trauma-informed programs, therapies, and care models**, including culturally competent mental and behavioral health screening tools, maternal grief and loss support, and cultural, generational, and/or birth trauma counseling, particularly for Black women and birthing people.
- **Fill gaps in mental and behavioral health care provision** by providing postpartum services and mental health care training and support to fathers, partners, and family members, incorporating screenings for postpartum depression into baby well-visits, and other methods.

RESKILLING AND CONTINUING EDUCATION

- **Invest in Black-led and centered, community-based continuing education and professional development opportunities** for the maternal, reproductive, and perinatal workforce.
- **Require regular, evidence-based, implicit bias training rooted in the reproductive justice and birth justice frameworks** for the general maternal, reproductive, and perinatal workforce,^{gg} including obstetricians/gynecologists, advanced practice clinicians, nurses, midwives, doulas, lactation support providers, and paraprofessionals, particularly in hospital settings.
- **Invest in and scale up measures** like the Patient Reported Experience Measure of

(ee) Moms Matter Act

(ff) Moms Matter Act

(gg) California Dignity in Pregnancy and Childbirth Act

Obstetric Racism© (also called The PREM-OB Scale™ Suite) to increase hospital capacity for transformation. Develop accountability and quality measures for providers with low scores.

- **Convene a national expert group of Black maternal, reproductive, and perinatal providers and workers**, including all designations of midwives, community-based doulas, and lactation support providers, as well as obstetricians and gynecologists, medical educators, quality experts, etc. to issue best practices for evaluating birthing skills, improving curricula for health professionals engaged in birthing, incorporating midwives and doulas into residency curricula for obstetricians, and broad recommendations for improving maternity and reproductive health care.
- **Provide guidance** to educational institutions, maternity care providers, and hospitals on respectful maternity care that emphasizes continuous care during labor and delivery.
- **Provide funding for technology-enabled collaborative learning and capacity building models** that will develop and disseminate instructional programming and training for maternity, reproductive, and perinatal care providers in underserved areas.^{hh}

SAFETY AND SUPPORT

- **Issue guidance for respectful and equitable collaboration** with doulas, midwives, lactation support providers, and other maternal, reproductive, and perinatal workers, including full integration into the perinatal care team. Develop equitable pathways for accountability if hospitals and/or providers do not adhere to these terms.

- **Require hospitals to engage in ongoing evaluation and collaboration** with Black-led and centered, community-based organizations that create avenues of accountability and open communication between patients, community-based maternal, reproductive, and perinatal care workers, and hospital staff.
- **Research and support implementation** of innovative approaches to ending violence and harassment against sexual and reproductive health care providers, patients, and staff that do not involve policing.
- **Provide emergency financial support, benefits navigation, and job finding services** to sexual and reproductive health workers who are affected by state, local, or federal restrictions on sexual and reproductive health care, including abortion bans.

COMMUNITY AND LEADERSHIP

- **Invest in capacity building, technical assistance, and leadership development** for Black-led and centered, community-based organizations.
- **Empower and compensate advisory committees** of community-based doulas, midwives, lactation support providers, and other maternal, reproductive, perinatal, and paraprofessional workers to assure that equitable maternal and reproductive health programs and policies are implemented.
- **Invest in international spaces** for Black-led and centered, community-based organizations, and maternal, reproductive, and perinatal workers to convene, share best practices, and develop their own quality standards.

(hh) Tech to Save Moms Act



CRIMINALIZATION OF BLACK WOMEN, BIRTHING PEOPLE, AND FAMILIES

The criminal legal system in the United States, which includes the juvenile and adult prison and jail system, family regulation system,ⁱⁱ immigration and detention system, etc., is historically rooted in racist and anti-Black policies and programs.

Upon the abolition of slavery, state governments adopted “Black Codes,” which were laws that criminalized Black people’s economic activity and freedom of movement, most prominently through vagrancy laws.⁴² Under these laws, Black people could be arrested for unemployment (or unacceptable proof of employment) and forced to perform grueling, unpaid labor within convict leasing systems.⁴² In the case of the family regulation system, the enactment of the Child Abuse Prevention and Treatment Act in 1974 marked its transition from providing a social service to ensuring child protection, leading to exponential increases of Black children in the system.^{42,43} The long throughline of immigration

policies in the United States, from the Nationality Act of 1790 to the Chinese Exclusion Act of 1882 and the Immigration and Nationality Act of 1965, has sought to limit the immigration and citizenship of non-white people.⁴⁴ Recognizing the racist and anti-Black roots of these systems is necessary to recognize their modern day manifestations in the lives of Black women, birthing people, and families.

In the 1990s under the Clinton Administration, a confluence of legislation ushered in the United States’ modern architecture of criminalization. The 1994 Violent Crime Control and Law Enforcement Act (Crime Bill), 1996 Personal Responsibility and Work Opportunity Act (Welfare Reform), and 1997 Adoption and Safe Families Act reconstructed the criminal legal system and its relationship to Black women, birthing people, and families.^{43,45} In three years, these bills authorized increasing funding for state police and prisons, ending the guarantee of cash assistance for families living in poverty, and facilitating the termination of parental rights for parents whose

(ii) “Family regulation system,” a term coined by Emma Peyton Williams, seeks to more accurately describe the system better known as the “child welfare system.”

The 1994 Violent Crime Control and Law Enforcement Act (Crime Bill), 1996 Personal Responsibility and Work Opportunity Act (Welfare Reform), and 1997 Adoption and Safe Families Act reconstructed the criminal legal system and its relationship to Black women, birthing people, and families.

children are in the family regulation system. In just one example of the ways these laws converged, Black women and birthing people during this era were, at times, coerced into using long-acting reversible contraceptives (LARCs) and undergoing forced sterilization in order to receive public benefits or avoid harsh criminal legal punishments.⁴⁶ Taken together, these pieces of legislation both showcase the expansive architecture of surveillance and punishment in the United States and highlight the role that policymakers, including those who historically and currently identify as on the side of “racial progress,” play in criminalizing Black women, birthing people, and families.

Today, the criminal legal system causes disproportionate and specific types of harm to Black women and birthing people. Black women are incarcerated at nearly twice the rate of white women, while Black girls are three times as likely to be incarcerated as white girls.⁴⁷ Black women and birthing people are disproportionately subject to surveillance, reporting, and family separation,

as well as drug testing in hospital settings without informed consent.⁴⁵ Black immigrant women and birthing people are often erased from immigration policy discourse, leading to detrimental consequences in migration, detention, and day-to-day life.⁴⁸ In these and other ways, the criminal legal system relies on and reinforces racist, sexist, and otherwise oppressive policies and programs, leaving the lives of Black women, birthing people, and their families hanging in the balance.

In the wake of the *Dobbs v. Jackson Women’s Health Organization* Supreme Court decision, the intersection of reproductive justice, criminalization, and democracy is particularly evident. The criminalization of pregnancy outcomes^{jj} under fetal harm and self-managed abortion laws increases the potential for Black women and birthing people to be surveilled and ultimately involved in the criminal legal system.^{49,50} In 48 states, people with felony convictions are banned from voting, with more than one in ten Black Americans currently disenfranchised in eight states.^{kk,51} As states

The criminal legal system relies on and reinforces racist, sexist, and otherwise oppressive policies and programs, leaving the lives of Black women, birthing people, and their families hanging in the balance.

(jj) Although abortion bans largely target those providing abortion care, people may be criminalized for their own pregnancy loss or self-managed abortion under fetal harm legislation (in cases of physical trauma, declining medical advice, substance use during pregnancy, etc.) or self-managed abortion laws.

(kk) Alabama, Arizona, Florida, Kentucky, Mississippi, South Dakota, Tennessee, and Virginia

adopt new abortion bans and restrictions, they are adding onto the existing architecture of criminalization that has harmed Black women, birthing people, and families for generations. The following policy recommendations seek to dismantle this architecture of criminalization in the US, protect those who are currently involved in systems, and create pathways for Black women and birthing people's freedom and liberation.

INCARCERATION

- **Aggressively engage in a nationwide, Black-led decarceration process** and cease the construction of any new prisons or jails.
- **Establish programs for pregnant and postpartum people in federal, state, and local prisons and jails**, including access to support from doulas and other perinatal health workers, counseling, reentry assistance, maternal-infant bonding opportunities, and diversionary programs to prevent incarceration for pregnant and postpartum people.^{ll}
- **Eliminate the use of shackles, restraints, tasers, and violent force** against pregnant and postpartum incarcerated people.^{mm} Tie federal funding for state and local prisons and jails to prohibitions on the use of restraints for incarcerated pregnant people to end the practice of shackling.ⁿⁿ
- **Mandate the provision of respectful, comprehensive, and quality maternal, sexual, and reproductive health services**, including abortion care, in public and private jails and prisons.
- **Release pregnant people and those who have given birth within the previous eight months to community-based programs**, with the goal of keeping birthing people and their infants together and meeting the birthing person's individualized needs (e.g. substance abuse treatment, housing) out of the carceral environment.^{oo}
- **Place incarcerated parents as close to their children as possible** and provide free video conferencing, parenting resources, and family visitation.^{pp}
- **Establish an overnight visitation program** for incarcerated parents who are primary caretakers for their families.^{qq}
- **Establish federal requirements for the provision of trauma-informed care in prisons** including residential substance use treatment for pregnant prisoners or prisoners, who are primary caretaker parents.^{rr}
- **Mandate access to free menstrual products** in public and private jails and prisons.^{ss}
- **Reinstate voting rights** for all currently and formerly incarcerated people, regardless of offense classification, payment of legal financial obligations, or other stipulations.

CRIMINALIZATION, SURVEILLANCE, AND MANDATORY REPORTING

- **Decriminalize and remove civil penalties from abortion**, including self-managed abortion, and all pregnancy outcomes.

(ll) Justice for Incarcerated Moms Act

(mm) Retrieved from the [Black Reproductive Justice Policy Agenda](#)

(nn) Justice for Incarcerated Moms Act

(oo) Minnesota's Healthy Start Act. Retrieved from [Justice for Incarcerated Moms Act of 2021: Reflections and Recommendations](#)

(pp) Dignity Act

(qq) Dignity Act

(rr) Dignity Act

(ss) Dignity Act

- **Decriminalize drug use, possession, and low-level sales.**^{tt} Require providers to seek the explicit and informed consent of pregnant people and new parents before they or their newborns are drug tested.^{uu}
- **Protect pregnant people with substance use disorder** from criminal charges and incentivize access to treatment and care without fear of judgment, incarceration, child removal, and other legal repercussions.^w
- **End mandatory reporting** and increase the capacity of health systems to connect patients with non-carceral resources and services. Require providers and health care workers to seek explicit and informed consent that informs patients of the potential consequences of police involvement and discusses alternative approaches to interrupting and healing from harm.^{ww}
- **Repeal laws that criminalize people living with HIV**, including those that criminalize potential or perceived HIV exposure (including through breastfeeding/chestfeeding), HIV non-disclosure prior to sex, or unintentional transmission of the virus.^{xx}
- **Decriminalize sex work and center sex workers** in related policy and program development and implementation. Repeal laws that use the possession of condoms as evidence of “criminal activity,” conflate sex work with sex trafficking, and otherwise harm sex workers.

- **Repeal the Stop Enabling Sex Traffickers Act (SESTA) and the Fight Online Sex Trafficking Act (FOSTA) and center survivors of sex trafficking** in related policy development and implementation.
- **Disrupt and end the school-to-prison pipeline by:** eliminating zero tolerance policies; removing all police from schools; removing metal detectors and other instruments of surveillance; reducing school-based discipline referrals; eliminating vague and subjective dress code policies; mandating guidance interventions before the use of suspensions; protecting immigrant youth and families by eliminating Immigrant and Customs Enforcement (ICE) and Department of Homeland Security (DHS) officers in schools; and implementing restorative justice practices throughout all schools.^{yy}

FAMILY REGULATION SYSTEM

- **Repeal the Adoption and Safe Families Act (ASFA)** and altogether eliminate timelines which constrain the time a parent has to regain custody of their child or lose them forever.^{zz}
- **Repeal the Child Abuse Prevention Treatment Act (CAPTA)**, in particular the plan of safe care provision which has incentivized hospitals to report to CPS agents.^{aaa}
- **Decrease and then end the federal open-ended entitlement for funding foster care.** Reinvest that money into community-based organizations that can provide services families need.^{bbb}

(tt) Recommendation of The Drug Policy Alliance

(uu) Recommendation of Movement for Family Power

(w) Recommendation of the National Partnership for Women and Families

(ww) Retrieved from [The Beyond Do No Harm Principles](#)

(xx) Retrieved from [Demanding Better: an HIV Federal Policy Agenda by People Living with HIV](#)

(yy) Retrieved from [The School Girls Deserve: Youth-Driven Solutions for Creating Safe, Holistic, and Affirming New York City Public Schools](#)

(zz) Recommendation of Movement for Family Power

(aaa) Recommendation of Movement for Family Power

(bbb) Recommendation of Movement for Family Power

POLICY AGENDA

- **Invest in concrete, multigenerational family support outside of the family regulation system.** Remove barriers for families to care for children, including, but not limited to, family composition barriers and requirements in public housing and shelter systems.
- **Prohibit discrimination** against potential foster or adoptive families on the basis of religion, sex, sexual orientation, gender identity, or marital status.^{ccc}
- **Protect young people** in family regulation, criminal legal, and other systems from violence, coercion, and shame and support their sexual, reproductive, and maternal health autonomy and freedom.

IMMIGRATION AND DETENTION

- **Invest in Black-led immigrant and refugee organizations** to provide services, advocacy initiatives, and transition support to recently arrived Black migrants.^{ddd}
- **ICE should immediately reinstate, and US Customs and Border Protection (CBP) should adopt, the presumption of release for pregnant individuals** and implement strong reporting requirements to aid with oversight.^{eee}
- **Enshrine the right to seek asylum** based on domestic, sexual, homophobic, transphobic, reproductive, ableist and gang violence into law.^{fff}
- **Guarantee access** to respectful, comprehensive, and quality maternal, sexual, and reproductive healthcare, including abortion care, in detention and hold detention centers and staff accountable for denial of care, sexual and gender-based violence, and other human rights abuses.

- **Allow all lawfully present immigrants to access federal programs** without discriminatory bars or waiting periods.^{ggg}
- **Extend permanent legal status** to undocumented and underdocumented immigrants.

SEXUAL, GENDER-BASED, AND INTIMATE PARTNER VIOLENCE

- **Invest in Black-led and centered, community-based transformative justice and accountability processes and systems,** as well as anti-violence and violence-interruption programs, including for sexual, gender-based, and intimate partner violence.
- **Implement a Black, survivor-led, mass clemency and commutation system** for survivors of domestic and intimate partner violence who are or have been incarcerated for defending themselves.

DIVEST/INVEST

- **Defund federal, state, and local police, family regulation systems, prisons, jails, and detention centers, Immigration and Customs Enforcement, and other surveillance and punishment institutions.**
- **Invest in restorative justice and transformative justice programs,** non-carceral response teams, reparations, abortion funds, substance use disorder treatment and harm reduction services, and health equity initiatives that support the social determinants of health.

(ccc) Retrieved from [The Black Reproductive Justice Policy Agenda](#)

(ddd) Retrieved from Black Alliance for Just Immigration's [Black Lives at the Border](#)

(eee) Retrieved from [The Blueprint for Sexual and Reproductive Health, Rights, and Justice](#)

(fff) BREATHE Act

(ggg) LIFT the BAR Act

RESEARCH AND DATA TRANSFORMATION

Deeply unethical research on Black women and birthing people's bodies has served as the basis of modern biomedical science and maternal, sexual and reproductive health care.

One of the earliest and well-known cases of unethical medical experimentation on Black women and birthing people is that of Dr. James Marion Sims, widely recognized as the “father of modern gynecology.”

In 1840s Montgomery, Alabama, Dr. Sims performed repeated, gynecological experiments without anesthesia on enslaved women, including Lucy Zimmerman, Betsey Harris, Anarcha Wescott, and others.^{52,53} His research relied on racist and dehumanizing tropes about Black women, including that they were less sensitive to pain, physically stronger, and hypersexual, compared to white women.⁵³ Simultaneously, Dr. Sims's research relied on the humanity of his experimental subjects. This reliance included the assumption that his experimental findings on Black women's bodies would apply to white women's bodies, as well as the belief that the enslaved women in his experiments were perfectly capable to be trained as surgical nurses to support his work.⁵³ The term “medical superbodies,” coined by Deidre Cooper Owens, aptly describes the dehumanizing and contradictory ways that Black women and birthing people were perceived and treated by white physicians.⁵³

Despite the historic and ongoing practice of unethical research on Black women and birthing people, BMMA recognizes the power and potential of research to transform our lives for the better.

Although the field of bioethics has significantly advanced since the days of Dr. Sims, researchers today continue to rely on dehumanizing tropes about Black women and birthing people's bodies and perpetuate racist and sexist ideologies through the use of “objective” data and statistics.¹⁵ Despite the historic and ongoing practice of unethical research on Black women and birthing people, BMMA recognizes the power and potential of research to transform our

lives for the better. BMMA strongly supports research activities that respect, include, and center Black women and birthing people across their identities and experiences. This kind of research can help identify solutions to some of the most pressing issues as well as uplift solutions that Black women and birthing people have already identified and implemented in their communities. In articulating Research Principles,

BMMA's Research Working Group has offered a blueprint for those who share this vision for research with, for, and by Black Mamas. The following policy recommendations outline BMMA's research principles in practice, as well as specific applications in the realms of maternal mortality review committees, maternal/perinatal quality collaboratives, clinical trials and experimentation, antiquated clinical categories that are rooted in anti-fatness and size discrimination, and data disaggregation.

RESEARCH PRINCIPLES IN PRACTICE^{hhh}

- **Invest in, hire, consult with, and adequately compensate 1) Black women and birthing people as researchers and 2) Black-led and centered, community-based organizations** conducting perinatal and reproductive research and/or quality improvement activities. Fund historically underfunded reproductive health research areas, such as abortion, contraception, ART/infertility, and lactation, particularly as they relate to the experiences and outcomes of Black women and birthing people.
- **Significantly develop capacity** for and presence of Birth Justice, Reproductive Justice, Human Rights, Black Feminism, Womanism, and Research Justice in the work that research institutions propose, conduct, and fund. Apply these conceptual frameworks to the composition of research teams, the relationship of teams with existing community organizations and leaders, research methodology, data use agreements, dissemination of data, and the long-term ideas, theories, and narratives that are developed from the research findings.
- **Shift research design and project descriptions away from a deficit framework** and towards asset-based, resilience cultural models that serve as critical aspects of Black women and birthing people's lived experiences.
- **Interrogate and/or eliminate the use of biased language** to refer to Black women and birthing people (e.g., at-risk, disadvantaged, vulnerable, marginalized, underserved) across research activities and documents.

- **Adopt Community Based Participatory Research (CBPR), Participatory Action Research (PAR), and other Emancipatory Research Models (ERM) in research activities.**
- **Partner with Black community leaders, community-based organizations and businesses** for research procurement activities, including contracting for space, food, childcare, research tools, measures, and other essentials for the research process.
- **Create and maintain community advisory boards and community research review boards** to advise and inform research processes, as well as community institutional review boards to protect communities (as opposed to participants in research).
- **Invest in the development of health equity impact assessment tools** to evaluate the intended and unintended consequences of community initiatives.
- **Develop innovative, accessible research dissemination tools**, such as infographics, theatrical readings and enactment of qualitative research findings, Tweetchats, and dance interpretations and other forms of cultural and artistic expressions of research findings. Involve communities in the interpretation of results and findings.

MATERNAL MORTALITY REVIEW COMMITTEESⁱⁱⁱ

- **Mandate proportional Black, Indigenous, and People of Color (BIPOC) membership in Maternal Mortality Review Committees (MMRCs), especially in leadership position**

(hhh) Retrieved from [Black Maternal Health Research Re-Envisioned: Best Practices for the Conduct of Research With, For, and By Black Mamas](#)

(iii) Retrieved from [Issue Brief: A Community Perspective on Maternal Mortality Review Committees and Maternal Mortality Review Committees: Sharing Power with Communities](#)

levels, and prioritize inclusion of members who practice holistic pregnancy care versus a western medical model. Simultaneously, reduce the number of designated seats for similar clinician specialties as a way to diversify expertise on the committee.^(jjj)

- **Partner with health equity experts** to support and recruit community members onto MMRCs who understand systemic racism and have foundations in anti-racist praxis.
- **Overturn restrictive legislative statutes that hinder community engagement**, including restricting the number of and compensation for community members. Provide practical support for community members to attend meetings including support for transportation, childcare, and meals as needed.
- **Improve the orientation, training, and support**, including trauma and mental wellness support, for community members who are joining and serving on MMRCs.
- **Hire trained community health and social workers** to conduct family interviews and provide trauma support services to friends and family members who participate in interviews.
- **Improve data quality and availability by: collecting data concerning pregnancy-related deaths** that go beyond “cause of death” in order to evaluate quality of care in maternity care services; equally prioritizing and examining pregnancy-associated deaths; improving surveillance systems to capture severe maternal morbidity data; triangulating data on pregnancy-related deaths with data on severe maternal morbidity and “near misses;” and translating maternal health review data and findings into

publicly accessible reports, evidence-informed laws and policies to implement solutions around both systemic issues and issues related to individual patients.

- **Increase transparency by: communicating the role of MMRCs and MMRC membership selection processes to the public;** implementing open calls for membership; involving communities in the creation of recommendations and discussing with communities which actors in the state are responsible for recommendation implementation; and partnering with anti-racist communications specialists to disseminate MMRC recommendations.
- **Support the provision and training of tools** like the Texas DASH tool to help MMRCs better assess racism and discrimination in medical records and cases.^(kkk)
- **Increase funding to MMRCs to enhance their capacity to more rapidly review cases.**
- **Support Black-led and centered, community-based organizations** with resources and funding to implement their own solutions.
- **Explore opportunities for individual patient recourse** against maternal health harms inflicted by health care systems.
- **Identify mechanisms for health care providers and health systems that are part of the MMRC ecosystem to hold themselves accountable for systemic change.**
- **Conduct a comprehensive review of maternal health data collection processes** and quality measures through engagement with key partners.^(lll)

(jjj) The intent of this recommendation is to broadly increase community representation on an MMRC by encouraging MMRCs to shift their representation and leadership towards the BIPOC women and birthing people who disproportionately represent maternal deaths nationally. This recommendation is not intended to be applied as a formula to fill a quota on an MMRC.

(kkk) Retrieved from [Identifying Racism & Discrimination as Contributing Factors in Pregnancy Related Deaths](#)

(lll) Data to Save Moms Act

- **Strengthen collaboration and coordination** between MMRCs, Perinatal Quality Collaboratives (PQC), and Black-led and centered, community-based organizations in implementing MMRC and PQC findings and directives.

CLINICAL TRIALS AND EXPERIMENTATION

- **Design and implement clinical trials that are equitable and inclusive of a wide range of identities**, including Black women and birthing people of all sexual orientations, gender identities and expressions, sizes, abilities, colors, nationalities, ethnicities, languages, immigration statuses, marital statuses, religions, housing statuses, occupations, ages, etc. Include Black pregnant and lactating people in clinical trials and provide accommodations for their inclusion in research activities.
- **Engage in Black-led accountability and transformative justice processes** in response to historic and ongoing research injustices and bioethics violations inflicted on Black women and birthing people.
- **Study the use of new technologies in maternal health care** to prevent racial and ethnic biases from being built into maternity care innovations.^{mmm}

ANTI-FATNESS AND SIZE DISCRIMINATION IN CLINICAL CATEGORIES

- **Systematically identify and debunk inaccurate and antiquated medical research and practices** rooted in anti-fatness and size

discrimination, including 1) reliance on the Body Mass Index, 2) research that treats “obesity” as a disease and a causal (rather than correlative) factor in maternal mortality and morbidity, and 3) other related theories and practices.

- **Invest in research on experiences with anti-fatness and size discrimination for Black women and birthing people in the healthcare system**, including mistreatment, abuse, neglect, misdiagnoses, and delayed and/or low-quality care.

DATA DISAGGREGATION

- **Invest in data collection that is disaggregated by identities**, including sex assigned at birth, sexual orientation, gender identity, race, ethnicity, nationality, immigration status, language, age, and ability, among others.
- **Require COVID-19 data collection to be disaggregated by pregnancy status** to ensure that the data necessary to fully understand the risks for and effects of COVID-19 in pregnant and postpartum people is available and accessible.ⁿⁿⁿ
- **Involve priority populations in decisions regarding data disaggregation** and consider intersectional approaches to data disaggregation.

(mmm) Tech to Save Moms Act

(nnn) Maternal Health Pandemic Response Act

BLACK WOMEN AND BIRTHING PEOPLE'S LEADERSHIP

As a national convener and an Alliance of Black women-led organizations and multidisciplinary professionals, BMMA is deeply invested in cultivating and advancing Black women and birthing people's leadership.

In the 2018 publication, "Advancing Holistic Maternal Care for Black Women Through Policy," BMMA articulated the specific importance of engaging and prioritizing Black women and Black-led entities in policy and program development and implementation.

"Engagement of communities most impacted in crafting policies and programs that impact their ability to thrive is a core human rights principle. Thus, Black women's thought leadership is critical to effective identification and implementation of solutions to reducing maternal mortality and morbidity exacerbated by prolonged exposure to structural racism, gendered discrimination and bias. Black women, when equipped with the birth and reproductive justice frameworks, are well-suited with the expertise and lived experience to inform comprehensive approaches and solutions that can address a variety of issues. When the voices and leadership of Black women are centered, relations among the individual, community, and systems with which they engage are improved. However, it is important that Black women are not engaged in an exploitative manner wherein ideas, strategies, and solutions are extracted from the Black community with no credit attributed nor any engagement in the implementation phase.

For far too long, policies and programs have been developed for the Black community without input from Black people; information and ideas have been taken from the Black community and provided to external entities for implementation; and Black women have been silenced, overlooked, and ignored as experts and changemakers within broader society. It is necessary to invest in and build capacity within communities for them to be able to implement and drive the solutions for themselves at the local, state, and federal levels. Black women must be respected as experts of their own community, trusted to affect change, and adequately resourced to do so."

– FROM "ADVANCING HOLISTIC MATERNAL CARE FOR BLACK WOMEN THROUGH POLICY"



BMMA calls on policymakers to invest in and honor Black women and birthing people's leadership in the following ways:

- **Enact the Black Maternal Health Momnibus Act.** Center and defer to Black-led and centered, community-based organizations in implementing and evaluating Momnibus policies and programs.
 - **Invest heavily and sustainably in Black-led and centered, community-based organizations that work to advance Black maternal health.**⁰⁰⁰ Remove or waive common barriers to these organizations receiving government funding, including audited financial requirements, burdensome data, tracking, and evaluation processes, and lack of funding for administrative support.
 - **Prioritize birth and reproductive justice informed, Black women and birthing people (including pregnant and parenting youth, and those from LGBTQIA+, low-income, disabled, and other underrepresented Black communities) for leadership, decision making, and advising positions.**
- **Invest in Black arts, education, cultural, and spiritual activities, celebrations, and institutions, both domestically and globally.** Invest in infrastructure for these institutions to communicate, convene, and share best practices.
 - **Compile, archive, and showcase global histories and traditions of Black midwifery and birth work, reproductive justice activism, and community care models.**
 - **Develop national standards for maternal, sexual, and reproductive health that are based on the traditions, teachings, and practices of the Black maternal, reproductive, and perinatal workforce.**
 - **Develop curricula that infuse Black feminist frameworks and culturally congruent teachings and practices** for a wide range of educational settings, including K-12, higher education, and continuing education.
 - **Apply Black feminist praxes to policy and program development, implementation, and analysis at every level of government.**

(000) Kira Johnson Act

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APPENDIX

FIGURE 1 WEB OF CAUSATION

The Restoring Our Own Through Transformation (ROOTT) “Web of Causation,” developed by Jessica Roach, illustrates the impact of not only social determinants of health, but also historic, anti-Black structures, on Black Maternal Health.

STRUCTURAL AND SOCIAL DETERMINANTS: IMPACT ON HEALTH

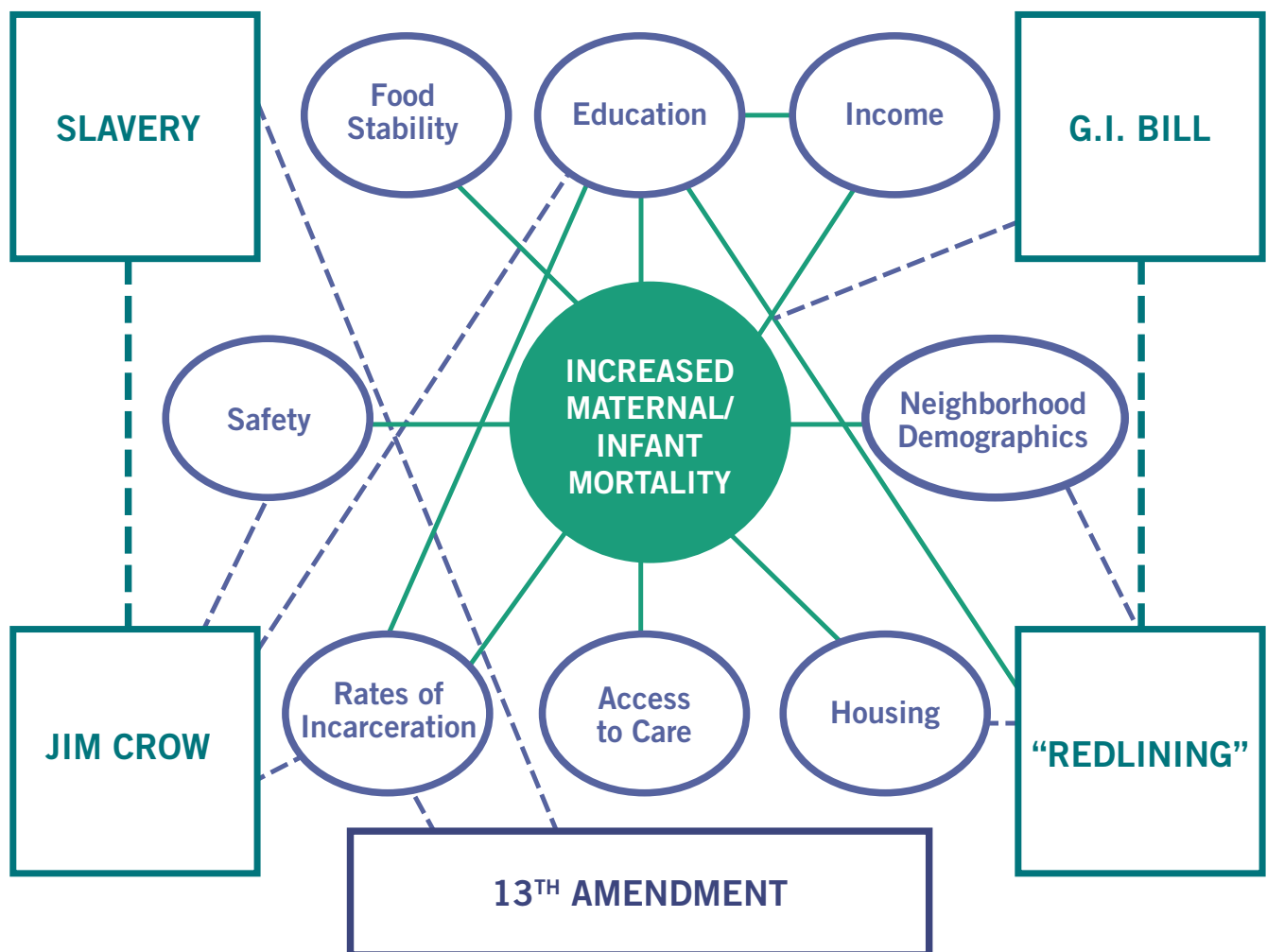
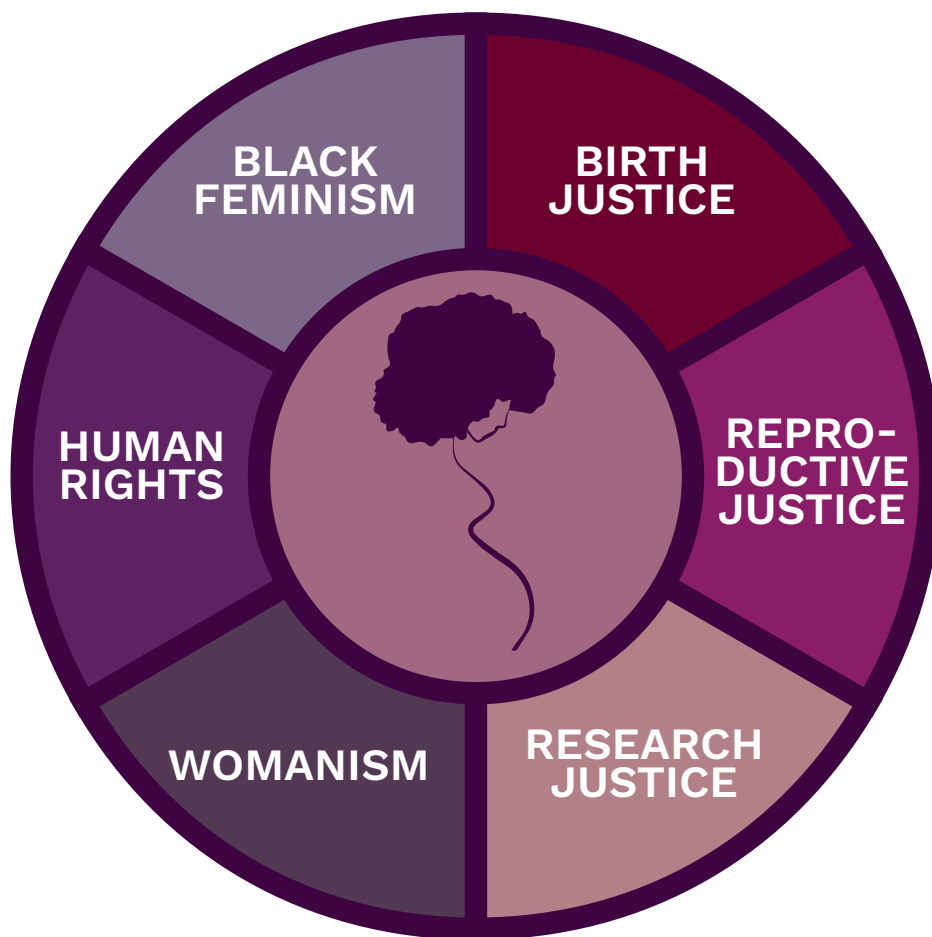


FIGURE 2 *BMMA'S CONCEPTUAL FRAMEWORKS IN RESEARCH*



ATTENDEES OF THE BMMA 2019 ALLIANCE CONVENING

Angela Aina	Avery Desrosiers	Courtney Drayton	(Hagi) Haguerenesh
Elizabeth Dawes Gay	Aza Nedhari	Crystal Tennille Irby	Woldeyohannes
Rose Aka-James	Ayanna Robinson	Danica Davis	Ifeyinwa Asiodu
Madison Pettaway	Breana Lipscomb	Danielle Atkinson	Inas Mahdi
Emily Young	Brittany Ferrell	Deneen Robinson	Isabel Morgan
Salome Arya	Caitlin Williams	Eboni Taylor	Jacqueline Hammack
Abigail O. Aiyepola	Carmen Green	Ebony Marcelle	Jamarah Amani
Andrea Williams	Cherisse Scott	Erin Cloud	Jamila Perritt
Asteir Bey	Cicely Paine	Fleda Mask Jackson	Jamila K. Taylor

APPENDIX

Janina Daniels	Karen Scott	Nia Mitchell	Sunshine Muse
Jasmine Getrouw-Moore	Kiddada Green	Nikia Grayson	Tammy Boyd
Jemea Dorsey	Kwajelyn Jackson	Nicole Clark	Takisha Miller
Jennie Joseph	Lynn Roberts	Nourbese Flint	Tanay L Harris
Jessica Roach	Makina L. Table	Philicia Castillo	Victoria Washington
Jill Denson	Melissa Hamilton	Raena Granberry	
Joia Crear-Perry	Monica McLemore	Sayida Peprah	
Kay Matthews	Nastassia K. Davis	Sequoia Ayala	

ATTENDEES OF THE BMMA 2022 ALLIANCE CONVENING

Adjoa Jones	Deidre McDaniel	Kanika Alake Harris	Nina Arrocena
Aisolen Marcial	Ebony Marcelle	Karyl-Lyn Sanderson	Okunsola Amadou
Alia Stevenson	Erica McAfee	Katrina Morrison	Onyemma C Obiekea
Andrea Nicole Williams	Erica Shanti Moore	Khye Tyson	Raena Granberry
Angela Hardison-Breckinridge	Erin Cloud	Kiddada Green	Raven Freeborn
Asteir Bey	Fleda Mask Jackson	Kimberly Seals Allers	Regina Davis
Aza Nedhari	Haguerenesh	Konjit Avent	Rochelle James
Benetta Ward	Woldeyohannes	Korrie R Sparrow	Saleemah McNeil
Breana Lipscomb	Heather Wilson	Kwajelyn Jackson	Sam Casanova
Brittany R Smith	Inas Khalidah Mahdi	Kwanice Jackson	Sang Hee Won
Brittany Wright	Isabel Morgan	Linda Jones	Sayida Peprah
Bryttani Debro	Jada Ledbetter	Lisa Peyton- Caire	Sekesa Berry
Caitlin Rain Williams	Jade Below	Lynn Roberts	Sequoia Ayala
Cerita Burrell	Jamarah Amani	Makina Table	Shanayl Reed
Chanel Porchia	Jamila Perritt	Miajenell Peake	Stephanie Etienne
Charlita Williamson	Jamila Taylor	Michelle Smith	Sunshine Muse
Chauntel Norris	Janette Robinson Flint	Monica McLemore	Sydney Wilson
Cherisse Scott	Janina Nicole Daniels	Monica Simpson	Takisha Miller
Courtney Sierra Drayton	Jasmine Getrouw-Moore	Neatrice Holmes	Tanay Lynn Harris
Crystal Tennille Irby	Jennie Joseph	Nekisha Killings	Toni Junious
D'Andra Willis	Jessica M Roach	Nia Mitchell	Victoria Moon
Danica Davis	Jill Diane Denson	Nichole Wardlaw	
Danielle Rodriguez	Joia Crear-Perry	Nicole Clark	
	Kay Matthews	Nikia Grayson	

BLACK MAMAS MATTER ALLIANCE – OUR VALUES

WE BELIEVE BLACK MAMAS MATTER

We value Black women's lives, knowledge, and leadership. We trust Black women and prioritize Black women's voices. We recognize, celebrate, and support Black mamas – those who care for and mother our families and communities – whether they are trans, cis, or gender non-conforming. We stand in solidarity with all Black mamas.

WE FIGHT FOR RACIAL JUSTICE

We center the people and communities that are most affected by poor maternal health outcomes. We acknowledge the role of race and racism in maternal health outcomes, care, and policy. We work for racial equity and the empowerment of Black people within and beyond the health system.

WE DEMAND REPRODUCTIVE JUSTICE

We align with the reproductive justice movement, which centers women of color in the struggle to recognize the human rights of every woman to: decide whether, when, and under which conditions she will reproduce; have a baby or end a pregnancy; and parent the children she has with the necessary social supports in safe environments and healthy communities, without fear of discrimination or violence.

WE RECOGNIZE INTERSECTIONAL OPPRESSION

We recognize that people live at the intersections of race, gender, and class and experience multiple forms of discrimination as a result of their individual context. We believe that racialized, gendered, environmental, and economic experiences influence maternal health outcomes, and that to improve maternal health we have to address all axes of oppression.

WE DEMAND GOVERNMENT ACCOUNTABILITY AND POLICY CHANGE

We hold our government accountable at every level — global, federal, state, and local — as we pursue

policy change to improve Black maternal health, rights, and justice. We believe that Black people must be active participants in the policy decisions that impact their lives.

WE FOSTER COLLABORATION

We encourage cross-sectoral collaboration to address racial disparities in maternal health and to implement a vision of maternal health that respects, protects, and fulfills Black women's human rights. We recognize that the challenges we face are multiple and complex, and we strive to be inclusive of diverse stakeholders and viewpoints. We recognize the value of sharing information across disciplines and geographies, and of working together toward shared goals of health, equity, dignity, and bodily autonomy in maternal health.

WE RESPECT COMMUNITY KNOWLEDGE AND LEADERSHIP

We support community mobilization, community-building, and community-driven solutions. Too often, Black women are not recognized for the work they are doing to improve the health and well-being of our communities. We celebrate Black women's ingenuity and resourcefulness. We acknowledge Black women's traditional, cultural, and historical contributions to maternal health and birthing practices. We also recognize and respect differences between contexts and within communities, as well as the need for locally-tailored strategies.

WE LEAD WITH LOVE AND GENEROSITY

We love Black mamas and approach this work with generosity towards all who are working for Black maternal health, rights, and justice. There is much to do: we need many voices and perspectives at the table.



THE BLACK MAMAS MATTER ALLIANCE (BMMA) is a national network of Black women-led organizations and multidisciplinary professionals who work to ensure that all Black Mamas have the rights, respect, and resources to thrive before, during, and after pregnancy. BMMA honors the work and historical contributions of Black women's leadership within their communities and values the need to amplify this work on a national scale. For this reason, BMMA does not have chapters. The alliance is composed of existing organizations and individuals whose work is deeply rooted in the reproductive justice, birth justice, and human rights frameworks.

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